

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) 086016-0034
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In re Application of Tara BIELSKI et al.	
Application Number 10/800,031 – CNF. 6868	Filed March 15, 2004
For Novelly Orally Administrable Formulation of Nitrofurantoin and a Method for Preparing Said Formulation	
Art Unit 1615	Examiner Bethany BARHAM

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|-----------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1,110 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ **The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500417.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).


☒ **attorney or agent of record. Registration Number: 57,983**

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SEPTEMBER 24, 2010
Date

General: (212) 547-5400
Telephone Number


Signature

SHILPA V. PATEL, PH.D.
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.